

# Eastern Idaho Public Health District

## ENVIRONMENTAL HEALTH DIVISION

BONNEVILLE  
1250 Hollipark Dr.  
Idaho Falls ID 83401  
208-523-5382  
FAX: 208-528-0857

CUSTER/LEMHI  
801 Monroe  
Salmon ID 83467  
208-756-2122  
FAX: 208-756-6600

FREMONT  
45 S 2nd W  
St Anthony ID 83445  
208-624-7585  
FAX: 208-624-0954

TETON  
820 Valley Centre Dr  
Driggs ID 83422  
208-354-2220  
FAX: 208-354-2224

JEFFERSON/CLARK  
380 Community Lane  
Rigby ID 83442  
208-745-7297  
FAX: 208-745-8151

MADISON  
314 N 3rd E  
Rexburg ID 83440  
208-356-3239  
FAX: 208-356-4496

### SEPTIC PERMIT INFORMATION SHEET

FEES:	\$ 600.00	Individual System Permit (New)
	\$ 400.00	Individual System Permit (Expansion, Remodel)
	\$ 400.00	Individual System Permit (Repair, Failed)
	\$ 1,500.00	Central/Large Soil Absorption System Permit (New)
	\$ 750.00	Central/Large Soil Absorption System Permit (Repair)
	\$ 250.00	Tank Only & Vault Privy Permit
	\$ 50.00	Permit Renewal
	\$ 200.00	Speculative Site Evaluation (Evaluation of property when permit is not requested, i.e., for potential buying of property.) The fee may be credited toward the permit fee if requested within one (1) year.

**NOTE! NO APPLICATION WILL BE PROCESSED WITHOUT SCALED OR DIMENSIONAL PLOT PLAN AND BUILDING PLAN. (Board of Health Policy)**

**ALL documents submitted in the application package are considered part of the permit and are enforceable.**

#### PROCESS:

1. Submit Application for Permit: **Completely fill out** application, submit with plot plan and building plan. Applications cannot be processed without payment of fee. **No payments can be taken in the field.**
2. Schedule Site Evaluation: An Environmental Health Specialist must go on-site in order to evaluate the application and to assess the situation before issuing the permit. (A representative must meet the EHS at the site to answer any questions.) (Test holes may be required to determine soil type, limiting layer, or water level, etc.) **Plan on a minimum of ten to twelve working days for processing of application.**
3. Permit Issuance: When the permit is ready, the applicant will be called and can come to the office to pick up the permit. The permit will be required to get a building permit from Planning and Zoning. A copy of the permit must be given to the licensed installer who will then be able to install the system. **(The permit is valid for one year. It can be renewed prior to the anniversary date at an additional cost of \$50.00.)**
4. Construction of Septic System: When a licensed installer has a copy of the permit, construction can begin. The system must be installed in accordance with the issued permit. **Any changes must be approved by Eastern Idaho Public Health District prior to changes being made.**
5. Final Inspection Mandatory: It is necessary to have the system inspected by an Environmental Health Specialist prior to covering in order to determine if the system was installed in accordance with the issued permit. It is the owner's or installer's responsibility to call for final inspection. **Systems covered prior to final inspection will be required to be uncovered for final inspection.**
6. Permit is transferrable within the first year (not applicable on renewed permits.) EIPHD must be informed of the transfer immediately.

#### THINGS TO REMEMBER:

1. Septic systems **MUST** be installed by a licensed installer. (List of installers can be obtained from your local health district office.) Homeowners can only install their own septic system if it is a standard system.
2. No changes to the system specifications stated on the permit can be made without prior approval from Eastern Idaho Public Health District.
3. Septic systems (tank and drainfield) **MUST BE INSPECTED PRIOR TO COVERING.**
4. **If the system is not inspected prior to covering, the installer or owner will be asked to uncover the system for inspection. This may cause more expense as system may become damaged if disturbed.**
5. **PERMIT MAY BE RENEWED if not completed within a year (See PROCESS # 3 above.) It is your responsibility to remember to renew the permit prior to the anniversary date.**

#### SAVE TIME:

1. Avoid unnecessary delays by filling out the application form completely. Be sure to include a mailing address and phone number of the owners, and, if applicable, a phone number of the contact person (Builder and/or installer).
2. **Eastern Idaho Public Health District requires 48 hours notice to schedule an inspection.**

I have received, read, and understand the above information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



BONNEVILLE CLARK CUSTER FREMONT JEFFERSON LEMHI  
MADISON TETON

Promoting the Health of People & Their Environment

## SEPTIC PERMIT APPLICATION CHECKLIST

**Below is a checklist of items that need to be provided to EIPHD in order to process a septic permit application. Please check off each item prior to submitting your paperwork and fee.**

### New and Replacement Septic System

- \_\_\_ Front page of the application is **COMPLETELY** filled out (including legal description and proposed disposal system, **AND it is signed and dated**).
- \_\_\_ Scaled plot plan with measurements is included\*. Please be sure to show lot boundaries and primary **and** replacement area for system. Please include all building on property.
- \_\_\_ Structure floor plans are included\* (8½ x 11 size preferred). (These will become part of our records and not be returned to you.)
- \_\_\_ Information page has been read, understood, and signed. Must be turned in with your application.
- \_\_\_ If an Extended Treatment system is required, a signed, notarized (with instrument number), and correct to specific O & M membership agreement must be in place before permit will be issued.
- \_\_\_ Payment must be made when application is turned in to the EIPHD office.

*\*If replacement system may be waived by EHS.*

### Onsite Only

- \_\_\_ Draft sketch plan of proposed lay out for lot.
- \_\_\_ Application completely filled out, including potential number of bedrooms or gallons per day.\*

*\*Onsite inspection does not guarantee issuance of a permit and does not preclude septic process listed above should you decide to buy/build on property.*

**No application or payment will be accepted unless ALL the above are completed and included.**

If you have questions, please contact your local EIPHD Environmental Health Office.

Idaho Falls: 1250 Hollipark Drive 83401 523-5382  
Driggs: 820 Valley Centre Drive 83422 354-2220  
Rexburg: 314 N 3<sup>rd</sup> E 83440 356-3239

Salmon: 801 Monroe 83467 756-2122  
St. Anthony: 45 S 2<sup>nd</sup> W 83445 624-7585  
Rigby: 380 Community Lane 83442 745-7297

# APPLICATION-Subsurface Sewage Disposal, Page 1



**Public Health**  
Prevent. Promote. Protect.

## Idaho Public Health Districts

Site Fee: _____	Date: _____
Permit Fee: _____	Document #: _____
Receipt #: _____	(Official Use Only)
Parcel #: _____	Acres: _____

Property Address (If available): \_\_\_\_\_ City: \_\_\_\_\_  
Legal Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ County \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Directions (nearest crossroad): \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant is : ☐ Landowner ☐ Contractor ☐ Installer ☐ Other \_\_\_\_\_

Owners Name : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_ Phone #: \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Septic Installation : ☐ New ☐ Upgrade/Enlargement ☐ Replacement ☐ Tank Only

Proposed Usage : ☐ Residential ☐ Non-Residential ☐ Other (i.e. barn, shop, etc.)  
☐ Central (more than two dwellings) ☐ Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: \_\_\_\_\_

Is there an existing structure on this parcel? ☐ Yes ☐ No Year Built: \_\_\_\_\_

Number of Bedrooms: (residential only) \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_  
Number of People: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Garbage Disposal? ☐ Yes ☐ No  
Non-Residential Flow Design: \_\_\_\_\_ Average: (gallons per day (gpd)) \_\_\_\_\_ Peak: (gpd) \_\_\_\_\_

Foundation Type : ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located : ☐ Inside City ☐ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☐ N/A

City sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☐ No

Water Supply : ☐ Private Well ☐ Shared Well ☐ Public Water System, Number: \_\_\_\_\_  
(Non-Public)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferrable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.



BONNEVILLE CLARK CUSTER FREMONT JEFFERSON LEMHI  
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## **INFORMATION ON SUBMITTAL OF PLOT PLANS AND BUILDING PLANS FOR SEPTIC PERMITS**

On March 22, 2007, our Board of Health adopted a policy which requires the submittal of a scaled or dimensional plot plan and building plans with any septic application. This policy started April 6, 2007. This policy was made to help ensure better accuracy in the sizing of septic systems.

The scaled or dimensional plot plan should include: adjacent properties to illustrate the location and size of all existing and proposed wastewater systems including disposal field replacement areas; location of all existing water supply system features (wells); location of all surface waters; location of scarps, cuts, and rock outcrops; land elevations, surface contours, and ground slopes between features of interest; property lines, easements, and rights-of-ways; and, location and size of buildings and structures.

For the building plans, drawings are needed that will show the number of potential bedrooms for residential applications and workstations, accommodations (such as showers, break rooms, kitchens), and process areas and their fixtures for commercial applications. \*If you have the paperwork prepared to submit to the local Planning and Zoning Department for a building permit, please bring this paperwork in and we'll make copies of the applicable information.

For further information, please contact the EHS for the county in which you live. The addresses and phone numbers are listed below.

Idaho Falls: 1250 Hollipark Dr 83402 523-5382  
Driggs: 820 Valley Centre Dr 83422 354-2220  
Rexburg: 314 N 3rd E 83440 356-3239  
Clark County should contact the Idaho Falls Office.

Salmon: 801 Monroe 83467 756-2122  
St. Anthony: 45 S 2nd W 83445 624-7585  
Rigby: 380 Community Ln 83442 745-7297  
Custer County should contact the Salmon Office.



## MINIMUM DIMENSIONAL REQUIREMENTS

